

OMB Authorization No.: 3245-0289

Expiration Date: 06/30/2000

## U.S. SMALL BUSINESS ADMINISTRATION'S APPLICANT SURVEY

<p><b><u>PURPOSE AND ROUTINE USES</u></b></p> <p>This information is used to evaluate the agency's recruitment of minorities, women and persons with disabilities and to help ensure that agency personnel practices meet the requirements of Federal law.</p>	<p><b><u>PRIVACY ACT INFORMATION</u></b></p> <p><b>General</b> – This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records and forms that solicit personal information.</p> <p><b>Authority</b> – Section 1302, 3301, 3304 and 7201 of Title 5 of the U.S.C., 42 U.S.C. Section 2000e and 29 U.S.C. Section 791.</p> <p><b><u>Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7 (b)</u></b> – Solicitation of your Social Security Number is authorized under Executive Order 9397 dated November 22, 1943. Only authorized agency officials will have access to your Social Security Number.</p>	
<p><b><u>EFFECTS OF NONDISCLOSURE</u></b></p> <p>Providing this information is voluntary. No individual personnel selections are made based on this information. Failure to provide this information will not affect your chances for employment.</p>		
<p>Vacancy Announcement #</p>	<p>Title, Series, Grade</p>	<p>Vacancy Location</p>
<p>Name (Last, First, MI)</p>	<p>Year of Birth</p>	<p>Social Security #</p>
<p align="center"><b><u>INFORMATION ON ETHNICITY, RACE, SEX AND DISABILITY STATUS</u></b></p> <p>Your response to this survey is voluntary. Please read each section thoroughly and answer each question to the best of your ability. Place the applicable number for each section in the box provided. Please print your answers.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>SECTION A ETHNICITY</b> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>1. <b>Hispanic or Latino</b> – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish Origin" can be used in addition to "Hispanic or Latino."</p> <p>2. <b>Not Hispanic or Latino</b></p> </div> <div style="width: 45%;"> <p>3. <b>Black or African American</b> – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."</p> <p>4. <b>Native Hawaiian or Other Pacific Islander</b> – A person having origins in any of original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><b>SECTION B RACE</b> <input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Select one or more categories to describe your race.</p> <p>1. <b>American Indian or Alaska Native</b> – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>2. <b>Asian</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> </div> <div style="width: 45%;"> <p>5. <b>White</b> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><b>SECTION C SEX</b> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>1. <b>Male</b></p> <p>2. <b>Female</b></p> <p><b>See reverse for Disability Status information</b></p> </div> </div>		

**SECTION D DISABILITY STATUS**☐

A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities. If you have more than one disability, choose the one which results in the most substantial limitation.

- 05. I do not have a disability.
- 16. Total deafness in both ears, with or without understandable speech
- 23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)
- 25. Blind in both eyes (no usable vision, may have some light perception)
- 28. Missing one arm or one leg
- 33. Missing both hand or both arms or both feet or both legs
- 35. Missing one hand or arm and one foot or leg
- 64. Partial paralysis of both hands
- 65. Partial paralysis of both legs, any part, or both arms, any part
- 67. Partial paralysis of one side of the body, including one arm and one leg
- 68. Partial paralysis of three or more major parts of the body (arms and legs)
- 71. Complete paralysis of both hands or both arms or both legs
- 72. Complete paralysis of one arm or one leg
- 76. Complete paralysis of lower half of body, including legs
- 77. Complete paralysis of one side of body, including one arm and one leg
- 78. Complete paralysis of three or more major body parts (arms and legs)
- 82. Convulsive disorder (e.g., epilepsy)
- 90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be education, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency)
- 91. Mental or emotional illness (a history of treatment for mental or emotional problems)
- 92. Severe distortion of limbs and/or spine (e.g., dwarfism, severe distortion of the back)
- 06. I have a disability, but it is not listed above. (Describe)\_\_\_\_\_

**SECTION E ELIGIBILITY UNDER SPECIAL HIRING AUTHORITY**

If you have been certified by a state vocational rehabilitation agency or the Veterans Administration as eligible for appointment to a Federal position under a special appointing authority (Schedule A or B) because you are severely physically or mentally disabled, please attach the certification to your application so that you may be given full consideration under the special appointing authority.

**SECTION F RECRUITMENT INFORMATION**

How and where did you learn about the position for which you are applying?

---

---

**PUBLIC BURDEN STATEMENT**

The estimated burden for completing this form is 10 minutes per response. You will not be required to respond to this information if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administration Information Branch, Washington, D.C. 20416 and/or the Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0289), Washington, D.C. 20503.